

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033280

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 394

Primary Registration District No. 6029

Registrar's No. 184

FILED SEP 6 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eogan Twp		c. CITY OR TOWN Ellington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In auto 8 mi west of Ellington on Hwy 106		d. STREET ADDRESS (If outside, give location) 1 Mi W of Ellington-Hwy 106	
3. NAME OF DECEASED (Type or print) Fred - Brawley		4. DATE OF DEATH Month Day Year Aug 26, 1963	
5. SEX male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-6-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Sawmill	11. BIRTHPLACE (City and state or country) Redford, Mo.
13a. FATHER'S NAME William Brawley		13b. MOTHER'S MAIDEN NAME Elizabeth Skaggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WWI		16. SOCIAL SECURITY NO. 17. INFORMANT Letha Brawley, Ellington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Regeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Diabetes		INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs 10 yrs. 5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) (The above information came from Dr. Hap. Populon Bluff, Mo.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at 11:45AM		and last saw her alive on 11-27-63	
22a. SIGNATURE (Degree or title) Pewitt Hester, M.D.		22b. ADDRESS Ellington, Mo.	22c. DATE SIGNED 8-27-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-28-63	23c. NAME OF CEMETERY OR CREMATORY Memorial	23d. LOCATION (City, town, or county) (State) Ellington, MO
24. FUNERAL DIRECTOR Pewitt Funeral Home, Ellington, Mo.		25. DATE RECD. BY LOCAL REG. Aug 31/1963	26. REGISTRAR'S SIGNATURE Jarvis

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. L. Smith

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.